OF PAPERS PRIGINALLY FILED	
A SECOND	

Docket Number: NOTICE OF APPEAL FROM THE EXAMINER TO THE HME/7982.001 BOARD OF PATENT APPEALS AND INTERFERENCES In re Application of Sharon F. Kleyne July 12, 2000 Application Number: 09/614,790 Filed: For: METHOD AND KIT FOR MOISTURIZING THE SURFACE OF THE EYE **Group Art Unit** 1617 Examiner: Michael A. Willis Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated May 1, 2002, rejecting claims: 75 to 82. The fee for this Notice of Appeal is (37 C.F.R. 1.17(b): \$320 Applicant claims small entity status. See 37 C.F.R. 1.27. Therefore, the fee 図 shown above is reduced by half, and the resulting fee is: \$160 A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. 図 The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Commissioner is hereby authorized to charge any fees which may be required, or credit \boxtimes any overpayment to Deposit Account No. 50-1773. I have enclosed a duplicate copy of this sheet. A petition for an extension of time under 37 C.F. R. 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the: applicant. assignee of record of the entire interest. **Howard Eisenberg** attorney or agent of record. 図 Reg. No. 36,789 Typed or printed name attorney or agent acting under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _

July 25, 2002

Date

OIPE	COPY OF PAPER ORIGINALLY FILE
JUL 3 1 2002	CONTRACTOR OF STREET BARRIES AND

MALLYFILED	
THE A WHITE BEAUTIFUL MEANING TO A REPORT THE PARTY.	•

TR	AN;	SMIT	TAL
noî	FY	2002	

Patent fees are subject to annual revision.

		TECH CE	AUG	
	Complete if Known	Z	il .	
Application Number	09/614,790		භ	
Filing Date	July 12, 2000	=	Į.	
First Named Inventor	Kleyne, Sharon	8	2002	
Examiner Name	Michael Willis	00/2900		Ö
Group/ Art Unit	1617	8	•	9
Attorney Docket No.	HME/7982 001		1	

TOTAL AMOUNT OF PAYMENT \$160		Attorn	ey Do	cket No		HME/7982.001			
METHOD OF PAYMENT (check one) FEE CALCULATION (continued)									
1. X The Commissioner is hereby authorized to charge the	3. AD	DITION	AL FEE	S					
indicated fees and credit any over payments to:	Large	Entity	Small	Entity					
Deposit Account Number 50-1773	Fee	Fee	Fee	Fee	Fee	Description			Fee Paid
Deposit Account Name Howard Eisanbarg	Code	(\$)	Code	(\$)					
Charge any additional fee required under 37 CFR 1.16 & 1.17	105	130	205	65	Surc	charge - late filir	ng fee or cath		
Applicant claims small entity status. See37CFR 1.27	127	50	227		Surc	•	risional filing fea	or cover	
2. X Payment Enclosed	139	130	139	130	Non	-English specifi	cation		
	147	2,520	147	2,520	For	filing a request	for ex-parte read	camination	
Check 🖾 Credit Card 🗌 Money Order 📙 Other	112	920°	112	920*	Req	uesting publicat	tion of SIR prior	to Examine	,
FEE CALCULATION	1				actic	n			
1. BASIC FILING FEE	113	1840°	113		Req	• •	tion of SIR after	Examinar	
Lerge Entity Smell Entity	115	110	215	55	Exte	nsion for reply	within first mont	ħ	
Fee Fee Fee	116	400	216	200	Exta	nsion for reply	within second m	nonth	
Code (\$) Code (\$) Fee Description Fee Paid	117	920	217	460	Exta	nsion for reply	within third mon	th	
101 740 201 370 Utility filing fea	118	1,440	218				within fourth mo		
108 330 208 165 Design filing fee	128	1,980	228				within fifth mont	h	
107 510 207 255 Plant filing fee	119	320	219			ce of Appeal			160
108 740 208 370 Reissus filing fea	120	320	220 221			-	port of an appea	1	\vdash
114 160 214 80 Provisional filing fea	121	280 1,510	138			uast for oral had	army a public use pro	naiheen	
SUBTOTAL (1) \$0	140	1,510	240	•		ion to revive - u	•	Coounig	
Fee from Fee	141	1,280	241			ion to revive - u			\vdash
Extra Claims below Paid	142	1,280	242			y issue fee (or i			-
Total Claims 8 -43** = 0 x 9 = 0	143	460	243			gn issue fee	•		
Indep. Claims 1 - 5°° = 0 x 42 = 0	144	620	244	310	Plan	t issua fea			
Multiple Depandant = 0	122	130	122	130	Petit	ions to the Con	nmissionar		
or number of previously paid, if greater. For reissues, see below.	123	50	123	50	Proc	essing fee und	er 37 CFR 1.17	(q)	
	128	180	126	180	Sub	mission of Infor	mation Disclosu	ro Strnt	
Large Entity Small Entity	581	40	581				ent assignment	par proparty	ر ا
Fee Fee Fee Fee	İ				(ums	s number of pr	oparusa)		
Coda (\$) Coda (\$) Fca Description	146	740	248		'	g a submission C.F.R. 1.129(a)	after final reject))	tion	
103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3	149	740	249	370	For 4	each additional	invention to be	exemined	\vdash
TOE OF 202 TE TROPORTION OF THE OCCUSS OF O	'~	1-0	2-10			C.F.R. 1.129(b)		J	
104 280 204 140 Multiple dependent claim, if not paid	179	740	279	370	Req	uest for Continu	ed Examination	(RCE)	
109 84 209 42 **Reissue independent claims over	169	800	169			•	noitsnimaxe ba	of a dasign	
original patent				1	appl	ication			
110 18 210 9 "Reissue claims in excess of 20 and over original patent	Other	(вреспу))						
SUBTOTAL (2) \$0	SUBTOTAL (2) \$0 * Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$160								
SUBMITTED BY	<u> </u>	Co	lato /a	onnline!	<u></u>				
Name (print type) Howard Eisenberg, Esq.				applicabl		36,789	Telephone	(503) 2	27-5631
Signature / / / / / / / / / / / / / / / / / / /		1,10	5.VII 01			30,703	Date	July 25, 2	
Signature Lova Ecre	<i>a</i>						Date	20, 2	
1 Down Che	<i></i>						1		

5

TRANSMITTAL FORM

FORM
(to be used for all correspondence after initial filing)

Total Number of Pages in this

Submission

_			
	Application Number	09/614,790	
	Filing Date	July 12, 2000	큥
	First Named Inventor	Kleyne, Sharon	HO.E
	Group Art Unit	1617	CENTER
	Examiner Name	Michael Willis	ಹ
	Attorney Docket Number	HME/7982.001	00/29

addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date. Type or print name Howard Eisenberg	Fee Transmittal Form (dup.) Fee Attached Amendment/Response After Final Affidavit(s)/Declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Part(s)/ Incomplete Application Response to Missing Parts under 37CFR 1.52 or 1.53		Assignment Papers (for an application) Drawings Licensing-related Papers Petition Routing Slip (PTO/SB/69) and Accompanying Petition Petition To Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Terminal Disclaimer Small Entity Statement Request for Refund			☐ After Allowance Communication to Group ☐ Appeal Communication to Board of Appeals and Interferences ☑ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) ☐ Proprietary Information ☐ Status Letter ☐ Additional Enclosure(s) (please identify below)		
Firm or Individual Name 1600 ODS Tower, 601 SW Second Ave Portland, OR 97204-3157 Signature				Re	emarks:			
Individual Name 1600 ODS Tower, 601 SW Second Ave Portland, OR 97204-3157 Signature July 25, 2002 CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date. Type or print name Howard Eisenberg			SIGNAT	URE	E OF APPLICANT, ATTORNEY,	OR A	GENT	
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date. Type or print name Howard Eisenberg	Individual	Individual 1600 ODS Tower, 601 SW Second Ave						
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date. Type or print name Howard Eisenberg	Signature	Signature How Ein						
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date. Type or print name Howard Eisenberg	Date July 25, 2002							
addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date. Type or print name Howard Eisenberg	CERTIFICATE OF MAILING							
	I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date.							
Signature / AST Signature	Type or print name Howard Fisent				rg			
Date July 25, 2002	Signature How				Ciul D	ate	July 25, 2002	